

Tempe Parks and Recreation
Soccer Registration Form

Fall 2006

Please Print and use black or blue ink ONLY.

Fill out the form completely. Give as much background as possible about your team. Approach the Registration Form with the thought that Parks and Recreation does not know your team.

Team Name _____

Former Team Name _____

Manager _____

Address _____ APT # _____

City _____ Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Phone (Cell) _____ (E-mail) _____

CIRCLE THE DAY YOU PREFER: THIS DOES NOT GUARANTEE
YOUR TEAM WILL PLAY ON THAT DAY.

MONDAY

WEDNESDAY

NO PREFERENCE

Teams with previous Tempe experience please answer the following. This information is important!

| | | | |
|-------------|----------------------|-------------|--------------|
| Spring 2006 | Classification _____ | Field _____ | Record _____ |
| Fall 2005 | Classification _____ | Field _____ | Record _____ |

If you are requesting a classification change -- why? _____

Are you a newly formed team? If yes, why have you requested the above classification?

Have you been playing in another city? What city? _____ Under what classification? _____
What was your record? _____

Please understand that once the team registers no refunds are available unless the league is cancelled.

FOR STAFF USE ONLY

ENTRY FEE: _____ PAID BY: _____ STAFF: _____